

Delta Dental Of Missouri - Schedule of Benefits
PPO – Dentacare M - ASC

Refer to the section, Benefit Outline, in this Summary Plan Description (SPD) for a more detailed explanation of levels of coverage.

For members of:

Bi-State Development Agency of Missouri-Illinois Metropolitan District

	Low Option 7614-2xxx & -4xxx	High Option 7614-1xxx & -3xxx		
Group Number:				
Deductible:	\$50	\$50		
Applies to:	B Coverage	B, C & D Coverage		
Family Limit:	\$150	\$150		
Benefit Maximum:				
Coverage A, B & C (if applicable):	\$1,500	\$1,500		
Orthodontic Lifetime Maximum:	N/A	\$1,500		
Coverage Levels and Percentages:				
	PPO	Non-PPO	PPO Dentist	Non-PPO
	Dentist	Dentist	Dentist	Dentist
Coverage A:	100%	100%	100%	100%
Coverage B:	80%	70%	80%	70%
Coverage C:	N/A	N/A	50%	40%
Coverage D:	N/A	N/A	50%	50%

Dependent Age Limit: 26

Effective Date of Program: 1/1/2017

Renewal Date may sometimes be referred to as Anniversary Date.

Benefit Period: Dental benefits are provided according to a calendar year benefit period. The calendar year benefit period begins on the Effective Date and ends on December 31st of the year in which the Effective Date occurs. A new calendar year benefit period begins each year on January 1st.

Eligibility: To be eligible for this coverage, you must be an active full-time employee of the group or a designated affiliate. "Active" means an employee regularly working at least the number of hours in the normal work week set by your group (but not less than 20 hours). You must be actively at work, unless your group was enrolled in another DDMO program prior to changing to this program. If coverage is dropped at any time, members or their dependents may not reenroll until the first open enrollment following one year.

New members and their dependents become eligible for this coverage on the date assigned by your group. Coverage ends on the last day of the month of employment.

In lieu of the benefits described in this SPD, your customized program is as follows:

- Major services are not a covered benefit under the low option.
- Claims must be filed within 15 months from the date in which the services were rendered.
- Orthodontic services are a benefit for dependent children under age 18.
- Implants are a benefit under Coverage C (high option only) subject to alternate treatment allowance.
- Any expense paid in whole or in part by any provision of a medical plan provided by Metro is not covered.
- If prior perio treatment has been performed, your plan allows two additional prophylaxis. The total of covered periodontal maintenance treatments and covered regular dental prophylaxis will not exceed four treatments per benefit period.
- Brush Biopsy to detect oral cancer is provided under Coverage A.
- A person who is covered under this plan as an employee, may not be covered as a dependent under this plan.
- No person may be covered as a dependent of more than one employee under this plan.
- **Dependent Children** – Notwithstanding anything to the contrary contained in this SPD, Schedule of Benefits, or the Plan document, effective 10/1/2010, a dependent child (natural, stepchildren or legally adopted) is eligible for coverage until the date on which he or she reaches the dependent age limit of 26 or is eligible to enroll or enrolled under any other employer-sponsored group health plan that provides dental benefits.
- MAXAdvantageSM Benefit Option is included in this program. Charges for exams, cleanings, x-rays, and fluoride treatments do not apply towards your annual maximum.
- Adjunctive pre-diagnostic tests that aid in detection of mucosal abnormalities are covered under Coverage A.

Delta Dental of Missouri

Name of Plan: The Bi-State Development Agency of Missouri-Illinois Metropolitan District Dental Plan referred to herein as the Plan.

Plan Number: None provided

Dental Plan for Members of: Bi-State Development Agency of Missouri-Illinois Metropolitan District

Group Address: 211 North Broadway, Ste. 700
St. Louis, MO 63102

Tax ID Number: 43-6004283

Type of Plan and Administration:

The Plan is a group dental plan. The Plan is self-funded. The Plan is administered by DDMO through a self-funded contract with the Plan Administrator. Certain functions are performed on behalf of the Plan by DDMO. These functions include, but are not limited to, administration and payment of claims, customer service assistance, and issuing of Summary Plan Descriptions.

Plan Administrator: Bi-State Development Agency of Missouri-Illinois Metropolitan District
211 North Broadway, Ste. 700
St. Louis, MO 63102

Agent of Legal Service: Bi-State Development Agency of Missouri-Illinois Metropolitan District
211 North Broadway, Ste. 700
St. Louis, MO 63102

In addition, service of process may be made upon the Administrator or Trustee.

Trustee: Bi-State Development Agency of Missouri-Illinois Metropolitan District
211 North Broadway, Ste. 700
St. Louis, MO 63102

Plan's Fiscal Year Ends: 6/30

Funding Is:

Contributory

Contributions to the Plan are made by both the group and the member. The amount the group contributes to the Plan will be determined at the group's discretion from time to time. This practice can be stopped or modified at any time without prior notice to the member.